

Borough of Redcar.



NORTH RIDING (GUISBOROUGH)
COMBINED DISTRICTS.

. REPORT . for the Year 1925

of the Medical Officer of Health,
C. R. GIBSON, M.A., M.B., Ch.B.
D.P.H.

Guisborough :

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TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF REDCAR.

MR. MAYOR, MADAM, AND GENTLEMEN,

THE Ministry of Health, in circular 648, have requested that the Annual Report of the Medical Officer of Health for 1925 be drawn up on fuller lines than the immediately preceding ones: that it be, in fact, what is called a Survey Report, and I therefore present this Report in accordance with the Ministry's requirements.

Natural and Social Conditions of the Area.

Area (in acres) 4,102.

Population: Census 1921, 16,401.

Registrar-General's estimate, 1925, 16,220.

My estimate, 1925, 17,200.

Number of *Inhabited Houses* (1921) 3,048.

New houses erected, mid-1921 to mid-1925: 591.

Number of families or separate occupiers (1921): 3,225.

Rateable Value: £106,481.

Sum represented by a penny rate: £443.

Physical Features and General Character of the Area:—Redcar is situated on the level sand and alluvium on the south shore of the Tees estuary, with a coast-line of rather more than three miles, and a depth inland of about two miles. In this area the town is favourably situated on the coast, in easy reach of the Cleveland ironstone mines and the port of Middlesbrough, so that it presents the dual characteristics of a steel manufacturing town and of a popular seaside resort. Inland is agricultural land, suitable for dairy farming.

Social Conditions:—At the 1921 census over 30% of the occupied males were metal-workers, employed in the iron and steel works in the borough and adjoining districts. Rather less than 20% were clerks, or were engaged in commercial or financial business. These, along with the usual activities of a sea-side resort, comprise the main occupations of the inhabitants.

Vital Statistics:—That the employments of the population are relatively healthy is evidenced by the low death-rate experienced: The mean standardised death-rate for the borough over the five years 1921 to 1925 has been 10.8, the average for England and Wales over the same period being 12.2. In 1925 the local death-rate, on an estimated population of 17,200, has been 11.2, as against a rate of 12.0 in 1924. The birth-rate has been 17.2, compared with 19.1 in the previous year, while infant mortality has been at the rate of 81 infant deaths per thousand births, as compared with the preceding year's figure of 75, which has also been the average rate throughout England and Wales in each year.

Poor-Law Relief:—The district, in common with other iron-working towns, has suffered severely from the depression which, in 1921, succeeded the post-war boom. Unemployment has continued at a high level up to the year under review, necessitating the adoption of successive large relief works by the Council. A serious proportion of the population has been living for some years at or near bare subsistence level, and the injurious effects of this on health, though masked in the general death-rate by improvements in other directions, are nevertheless present. The class which has visibly suffered most has been that of adult females. The male death-rate, which stood at 14.2 in the period 1909—14, had fallen to 11.0 in 1920, and in the subsequent years 1921—25, registered only a slight increase to 11.3, at which figure it is still well below the pre-war level. On the other hand, the female death-rate, which in 1909—14 was 11.6, while showing in 1920 a similar large decline, to 9.4, in the following years 1921—25 has risen to 10.7, within measurable distance again of its pre-war level. While the male death-rate has diminished from the pre-war figure by 20%, the female rate is but $7\frac{1}{2}\%$ below its previous figure, and this disparity in behaviour of the two rates would be further pronounced if deaths of children were excluded.

Use made of Hospitals and other forms of gratuitous Medical Relief:—

There is no hospital in the area of the borough; medical or surgical cases requiring hospital treatment are therefore taken usually to one of the two large voluntary Hospitals in Middlesbrough, the North Ormesby Hospital and the North Riding Infirmary, or to the Union Infirmary at Guisborough. In the three years 1923—25, 54 deaths of residents ($9\frac{1}{2}\%$ of all deaths) occurred in hospitals. About one-tenth of the serious cases of sickness receive gratuitous treatment in hospitals. Of the 54 deaths, 23 occurred in the North Ormesby Hospital, 20 in the Union Infirmary, 2 in the North Riding Infirmary, and 9 in other hospitals, neighbouring or remote.

General Provision of Health Services in the Area.

Hospitals provided or subsidised;

	(a) by the Local Authority.	(b) by the County Council.
(1) Tuberculosis	—	Wensleydale Sanatorium, Aysgarth. Rutson Hospital, Northallerton. Phillipson's Home, Stannington. Morris Grange, Catterick.
(2) Maternity	—	Middlesbrough Maternity Hospital.
(3) Children	—	—
(4) Fever	Isolation Hospital	—
(5) Smallpox	Joint Smallpox Hospital	—
(6) Other	—	—

Isolation Hospital:—The new hospital for fever cases, the inception of which was reported last year, was opened in July, 1925. It is situated just outside the borough boundary, in the Guisborough Rural District, on a site two miles south of Redcar Church and one-third of a mile north-west of the steading of Grewgrass farm. The site is three acres in extent, level, and roughly square, cut off from neighbouring highways by farm land. The buildings comprise: (a) a wood and galvanised-iron ward block with 2 wards, each 40 feet by 20 feet (containing, in all, 13 beds and cots) and, between them, a nurses' bedroom, sitting-room, and a boiler-room and scullery; there are also the usual offices; (b) a wooden administrative block, connected to the ward-block by a semi-covered way, and containing kitchen, sitting-room, two bedrooms, scullery, pantry, and usual offices; (c) a wooden building, lined with asbestos-cement sheets, containing laundry, and disinfecting room; (d) a corrugated iron coal-shed.

Water is laid on from the main from the Redcar waterworks to the town. The drainage is taken to a sewage treatment plant in the north-west corner of the site and after screening, settling, and intermittent filtration, is discharged into the adjoining beck; the effluent is clear and colourless, and remains so indefinitely when bottled. Lighting is by petrol incandescent lamps and each ward is heated by a central double anthracite stove. Chemical fire extinguishers and fire-buckets are provided, and the hospital is on the telephone system.

A resident matron was appointed, and in the latter half of the year four cases of scarlet fever were admitted for treatment.

Joint Smallpox Hospital:—The Redcar Borough Council is one of the authorities who form the Guisborough Joint Smallpox Hospital Board, maintaining a hospital on a site in the Guisborough Rural District, between New Marske and Dunsdale, and east of the Redcar Waterworks Pumping Station. The buildings comprise: (a) a wood and galvanised iron ward-block, containing two wards, each with six beds, and, in the central portion, a kitchen and three bedrooms; (b) a contact block, asbestos cement sheets and wood, containing two bedrooms and a connecting living-room; (c) a wood and galvanised iron laundry, ambulance and coal-shed; (d) a small disinfecting hut.

The water supply was altered in 1924 and is now pumped to a storage tank on the hospital site from the neighbouring Redcar pumping station. The drainage system also has been entirely relaid during the latter half of 1925, and is now taken to a small covered settling tank outside the hospital site, from which it is discharged through open-jointed agricultural pipes by land filtration. Heating of the wards is by coke stoves, lighting by oil lamps. The hospital is not on the telephone system. There is a resident caretaker and nurses are obtained when required. Thirteen smallpox patients were admitted to the hospital from the borough in the first half of 1925, as well as three patients from the Guisborough Rural District. In 1924 twenty smallpox cases from the borough were treated there, and in the preceding two years two suspected cases had been admitted, one from Redcar and the other from Guisborough Urban District, neither being finally diagnosed as smallpox.

Institutional Provision for Unmarried Mothers, Illegitimate Infants, and Homeless Children in the Area: Nil.

Ambulance Facilities: (a) for Infectious Cases: a new horse-drawn ambulance, a rubber-tyred four-wheeler, was obtained in 1924.

(b) for non-infectious and accident cases: the Council has arranged to have the use of the local ambulance of the British Red Cross Society when required.

Clinics and Treatment Centres:

	Provided by voluntary effort.	Subsidised by the Local Authority.	Provided or subsidised by the County Council.
Maternity and Child Welfare Centre	At the Institute, Lord St., Redcar, every Thursday afternoon: a large meeting hall, consulting and weighing room, dental consulting room.		
Day Nursery	On the Esplanade, Redcar, open in the summer months.	—	—
School Clinic	—	—	At South Bank.
Tuberculosis Dispensary ...	—	—	At South Bank.
Treatment Centre for Venereal Diseases ...	—	—	At Stockton & Thornaby Hospital.

Public Health Officers of the Local Authority: particulars of these are given in Table 6. Mr. W. Tutin, Sanitary Inspector, holds the Sanitary Inspector's Certificate and the Meat and Food Inspector's Certificate of the Royal Sanitary Institute; he also holds the Certificate of the Institute of Cleansing Superintendents, and the Certificate of The Institute of Hygiene. He was appointed Meat Inspector by the Council to act under the Public Health (Meat) Regulations, 1925, and he is also Inspector under the Petroleum Acts. Mr. R. Milligan was appointed Second Sanitary Inspector from July 21st, 1925: he holds the Sanitary Inspector's Certificate and the Meat and Food Inspector's Certificate of the Royal Sanitary Institute.

Professional Nursing in the Home: (a) General: the Redcar District Nursing Association employs two fully-trained nurses, and is independent of any agreement with the local authority.

(b) For Infectious Diseases: nil.

Midwives: The Council have no arrangements, financial or otherwise, with practising midwives. During the year under review I received notifications of births in the area from seven different midwives.

Chemical Work: Any chemical analyses required would be submitted to the County Analyst. There have been none in the last five years.

Legislation in force: See Table 4.

Sanitary Circumstances of the Area.

Water: The borough is supplied with water from the three separate authorities:

(1) The Borough Council itself has waterworks three miles south of Redcar Church, comprising a spring in the old park of Upleatham Hall, two pumping stations connected to deep wells, and a reservoir. The unfiltered water is supplied to the eastern or Redcar portion of the borough, and, apart from occasional animalculae, etc., present in the water owing to lack of filtration, is of good quality and moderate hardness. Following is a copy of a report on a sample of this water submitted in 1920:

“Report on Water received from Dr. C. R. Gibson, June 30th, 1920.

Locality and Source: Redcar Urban District Council Supply, from tap at ... High St., Redcar.

Colour of water in two foot tube, Lovibond's Units = 0·6 yellow ÷ 0·1 blue.

Smell at 100° Fahrenheit: none.

The Sample contains in Grains per gallon:

Chlorides, equivalent to Common Salt	...	5·08
Nitrates, equivalent to Calcium Nitrate	...	trace
Nitrites	none
Calcium, Magnesium, Salts, etc.	...	20·00
Volatile and Organic Matter (lost by careful ignition)		<u>0·45</u>
Total Dissolved Solids (dried at 100° C)	...	<u>25·53</u>
(1) Containing injurious metals	...	none
(2) Containing Ammonia	...	0·003
Containing also Organic Ammonia	...	0·004

Sediment: small, principally oxide of iron.

Microscopic Examination: shows the absence of animalculae.

Total hardness in Clark's Degrees: 19·2°.

In its present state this water is of good quality for drinking and domestic use. The sediment could easily be removed by filtration and its removal would improve the appearance of the water.

(Signed) B. A. BURRELL, F.I.C.,

(City and County Analyst, Leeds).”

(2) The Cleveland Water Company supplies the Coatham or west central portion of the borough, and, under arrangement with the Council, supplements when necessary the Council's supply to the Redcar portion. Its gathering ground is on the Cleveland Moors, adjoining its main reservoir at Lockwood Beck. The water is sand-filtered, of typical moorland quality, soft and pure.

(3) The Tees Valley Water Company supplies Dormanstown and the extreme western end of the borough, including part of Coatham. This also is a soft moorland water.

The water supply to the whole area is under constant pressure; it is sufficient in amount, and—apart from occasional incidents due to the lack of filtration of one of the supplies

mentioned above—excellent in quality. Practically all the houses are supplied direct with water, the number of stand pipes being now less than a dozen.

Rivers and Streams: There is no serious pollution of any of the few small becks in the district.

Drainage and Sewerage: This has been largely recast in the last few years, under a scheme prepared by Messrs. D. Balfour & Son. A new sea-outfall was constructed at Warrenby, taking the Warrenby and Dormanstown drainage, and leading to the scrapping of the sewage treatment plant at Dormanstown. The old Coatham outfall was replaced in 1925 by a new one, draining the Coatham area to Newcomen Street and Station Road. The new eastern outfall is now approaching completion, and will drain all the borough east of Newcomen Street and Station Road. Many of the old sewers, with faulty levels, have been relaid, and extra manholes and ventilators provided.

Closet Accommodation:—A complete conversion scheme was carried through in 1924, 1,320 pail-closets being converted to water-closets and a further 395 pail-closets abolished where the dwellings were already supplied with sufficient water-closets. The whole of the borough therefore is now on the water-carriage system, with a few exceptions consisting of insanitary property earmarked for other treatment. It is difficult to exaggerate the beneficial effect that this change will ultimately produce, by the increase in cleanliness of yards and back-streets, and the removal of so many opportunities for infection. It is a matter for congratulation also that the work was carried through at the very low average cost of £6 : 5 : 0 per conversion. The change is not without its little drawback: the character of the refuse now collected renders it useless to farmers and is entailing an added difficulty in its disposal.

Scavenging:—During 1925 about 75 tons of refuse were collected weekly. Three Ford Wagons were employed, all domestic refuse being collected at least once weekly and, from 700 houses, twice weekly. Trade refuse is collected free, twice weekly. The cost of collection of domestic refuse is stated to be 12/9½ per house for the year. The number of fixed ashpits is 34, six having been converted in 1925. Disposal has been by tipping, on land at Warrenby owned by Messrs. Dorman, Long & Co., the site being over 500 yards from the nearest dwelling. This tip was expected to last for some years, but it has shown less capacity than was anticipated, and further and better methods of disposal are now urgently needed. A tip on Kirkleatham lane has been used for trade refuse, while the use of the Redcar lane tip has been discontinued. The question of refuse disposal is now occupying the attention of a Committee, and it is essential that this matter, after receiving thorough deliberation, should be dealt with speedily and boldly.

Sanitary Inspection of the Area:—This is dealt with fully in the Sanitary Inspector's report, on pages 22 to 27, and an abstract is given in Table 5.

Smoke Abatement:—No action has been taken by the Local Authority with a view to the abatement of nuisance from smoke.

Premises and Occupations which can be controlled by Byelaws and Regulations :—

(1) Houses let in lodgings: Bye-laws as to houses intended or used for occupation by the working classes and let in lodgings or occupied by members of more than one family were allowed by the Ministry of Health in September, 1925. As yet, however, no registration of such premises has been required.

(2) Offensive trades: Bye-laws for the regulation of such trades were allowed in November, 1922. One tripe-dressing establishment and 14 fish-frying businesses were on the register at the end of 1925. Compliance with the bye-laws is satisfactory.

(3) Tents and Vans: New bye-laws dealing with tents, vans, sheds and similar structures were allowed in 1924. A number of vans and sheds used as more or less permanent dwellings, and of tents occupied by summer visitors, are found mainly in four areas :—

- (a) On land at the foot of Smith Street. Several sheds and vans are usually occupied here. The site is also used as a dump for old metal and rubbish of various degrees of cleanliness, the water-supply and sanitary accommodation are unsatisfactory, and this area merits the the attention of the Council.
- (b) On Brooksbank Avenue: A few vans are still occupied here, and in the summer months some half-dozen tents are erected. These are gradually becoming fewer in number and conditions are improving.
- (c) West of Redcar Lane: A tent-field was allowed here, under conditions as to water-supply, sanitary accommodation, and refuse bins. The amount of building that has taken place in this neighbourhood of recent years renders it less suitable as a sylvan camp.
- (d) Near Warrenby Railway-bridge: About 20 tents are erected in a field here in the summer months, and sanitary conditions are complied with.

(4) Underground sleeping-rooms: No action has been required in respect of any during 1925.

Schools:—All schools in the area have a satisfactory water-supply. Their sanitary accommodation is now on the water-carriage system (pail-closets at Warrenby Elementary School being converted to water-closets in 1925) with the exception of the West Dyke Council Elementary School, which still possesses pail-closets: it is hoped, however, that the responsible Authority will convert these during the current year.

Housing.

General Housing Conditions in the Area:—I estimated at the end of 1922 that there was an accumulated shortage of 246 houses, and, beyond this, 90 new houses a year were needed for normal growth by immigration and the formation of new families. In the three years that have elapsed since then to the end of 1925, 668 new houses have been completed—289 of these under the Council schemes—and 33 insanitary houses have been closed, leaving a net increase of 635 houses against the 516 that my estimate postulated to meet the

demand. This generous provision has not led to the appearance of houses lying empty; the growth of the borough has evidently been sufficient to fill all the dwellings supplied. And this notwithstanding that the natural increase of the population, by excess of births over deaths, has fallen to one half of its level in 1922, when I assumed that this excess would be maintained for some years at about 200 per annum: in 1924 it was actually 119, and in 1925, 106, owing to the fall in the birth-rate. The other method of increase, by the immigration of new families, has been more than sufficient to make up for the falling off in the number of births and would appear to have been at the rate of more than 400 individuals per year.

In 1921 the census population was 16,401. Taken later in the year than usual, owing to well-known causes, the accuracy of the census figures, as a measure of the resident population, was largely invalidated by the inclusion of an unknown number of summer visitors. Even for that year, therefore, we have to rely on an estimate, that made by the Registrar-General being 15,450, and, as the census gave the number of inhabited houses as 3,048, this gives an average number of persons per house of 5.06. At the middle of 1925 the number of inhabited houses may be taken at 3,600, with an average number of persons per house of 4.51, if one adopts the Registrar-General's estimated population for that date of 16,220. Possibly this exaggerates somewhat the reduction in the density of house-population. While it is unlikely that this now reaches the figure of 5 persons per house, a fall to just under 4.8, such as would be given by estimating the population at 17,200, seems more in keeping with local impressions.

It is gratifying to be able to record that in these few years the local housing shortage has been largely made up, and that private building is now so active as to be in a position to cope with the requirements of the immediate future. So far as can be seen, the increase in population is likely to proceed for the present at the same rate as in the past. Any improvement in the industrial situation, particularly in the iron and steel trade, would speed up this growth, by its effect both on the marriage-rate and on immigration into the area.

Overcrowding:—The ample provision of new houses in recent years, by the Council and by private builders, has abolished any general overcrowding, although cases are still met with of families living in one or two rooms under bad conditions. Six notices for overcrowding were served in 1925, and abatement of the nuisance secured.

Fitness of Houses:—No systematic house inspection has yet been done since the war, action in the case of house defects having been taken only on complaint. During the current year, however, routine inspection of such dwellings in the district as come under the Housing Acts has been restarted, and, though numerous defects of a minor structural character are being found, the general standard of housing cannot be classed as low, particularly since a considerable number of dwellings in such a condition or so situated that no alteration or repair would make them fit have been dealt with by closing orders.

Unhealthy Areas:—No complaints have been received, or representations made, regarding unhealthy areas, as insanitary dwellings in the borough are not aggregated together, but occur singly, or in small numbers, and adjacent to satisfactory property. Action has therefore been taken by way of closing orders.

Bye-laws relating to Houses, etc.:—Remodelled bye-laws as to New Buildings were approved in 1921, and the bye-laws as to houses let in lodgings, and as to tents, vans and sheds, are also modern.

In the erection of new buildings the bye-laws lay down certain standards and rules to which the building must conform. These concern the building and its site alone, as separate and detached from their surroundings, and the effect the new buildings may have on others adjoining, or, at some future date, other new buildings may have on it, does not enter into the question of the plan's conformity with the bye-laws. For example, there may be a row of two-storey cottages with, extending along the front of them, a private footpath some six feet wide, on the far side of which a four-foot wall marks the boundary of the site. These cottages may be, for many years, well-lit and well ventilated, until a plan is submitted for the erection on a site on the other side of the boundary wall, and close up to it, of a two or three storey house, factory or warehouse. This plan is in accordance with the bye-laws and is passed by the Plans Committee. When the building is erected we find that the adjoining cottages are so ill-lit and ill-ventilated as to be unfit for habitation. The owner may or may not have redress, but the only action possible to the local authority appears to be the imposition of closing orders on dwellings which, until the erection of the adjoining buildings, were quite sanitary and wholesome.

General and Miscellaneous:—The education of the public as to the advisability of disposing of household refuse so far as possible by burning has been attempted by circularising all households to that effect, and by advertising "Burn More Refuse" on the scavenging carts. A great quantity of easily combustible refuse is still thrown into the dust bins, due often to private waste and leading always to public expenditure which the householder could easily have avoided. Some time ago your inspector submitted a representative sample of dry refuse to sorting, and found that 20%, or one ton in five of refuse, consisted of quite useful coke, which had been thrown out with ashes for lack of the use of a riddle. The amount of fuel thus wasted must in the year represent a large sum of money. Papers again have been one of the chief sources of nuisance round your tips, requiring, to collect and burn, an expenditure of labour which has sometimes not been available. The householder or tradesman could, in many cases, have burned the paper with no trouble to himself or neighbours, and avoided the charge on the rates and the danger of nuisance. I would impress on all citizens the great assistance they can afford to the sanitary department by ensuring that nothing which is burnable is thrown into the dust bin. The dust bin should contain nothing but fine ashes and broken crockery. Cinders should be riddled out and used again, to the great benefit of the private coal-bill. All scraps of paper should be made use of in fire-lighting, while larger accumulations are sold or burned specially. All vegetable refuse, such as potato peelings, turnip tops peel etc. of fruits, and tea leaves, can be put on the kitchen fire after the main cooking is done, and will there dry and then save coal. Animal refuse, fish and other useless bones, egg-shells, should likewise go into the fire. Such practice, if general, would lessen markedly the demands on the scavenging and would correspondingly lessen the rates, while at the same time health would be improved by the absence of decaying and offensive matter.

Of late years the type of ash-bin which is built into the wall between yard and back street, and is accessible from both, has been recommended by the sanitary department and its use is increasing. It economises yard space, facilitates the cleansing of yards and the collection of refuse, and also, in this position, the bin lasts longer.

Housing Statistics for the year 1925 are displayed in Table 7.

Inspection and Supervision of Food.

(a) Milk Supply:—A sample of milk from each of the ten producers in the borough was submitted to the Armstrong College Laboratory, Newcastle-on-Tyne, for test by animal inoculation as to the presence of tubercle bacilli. The report was in each case negative. No further bacteriological examination of milk was made.

No licences were applied for in 1925 for the sale of milk under special designations, and no registration of retailers was refused or revoked.

Most of the milk consumed in the borough is produced on farms within its borders, the remainder coming from farms just outside. It is brought into the town twice daily. No complaints have been made as to the wholesomeness of the milk, but there is reason to anticipate that during the current year the standard of cleanliness will be raised.

(b) Meat:—Arrangements for the inspection of meat under the Public Health (Meat) Regulations, 1924, work satisfactorily, although the duties are made onerous by the multiplicity of slaughter-houses. As both your Sanitary Inspectors hold Meat Inspector's Certificates the absence of one of them does not interfere with the routine of inspection. The regular days and hours of slaughtering for each butcher are registered at the office; notice of slaughter outside these regular hours is to be given three hours before the time of slaughter and this regulation has been, on the whole, well observed. One of your inspectors is present while the carcase is being dressed, and any signs of disease noted. In cases of doubt the medical officer of health is notified and inspects the carcase before a decision is taken. Arrangements were approved by the Ministry of Health for the marking of inspected carcasses, but no butcher has requested this. As will be noticed from your Inspector's Report a total of 3,991 lbs. of meat was condemned and surrendered as unfit for human food during the year 1925: this compares with a total of 480 lbs. during the preceding year. The difference is entirely due to the more efficient inspection rendered possible by the Public Health (Meat) Regulations, which have been operative only from April 1st, 1925, and therefore during nine months of the year. Of the whole carcasses condemned, seven were on account of tuberculosis and five from other diseased or unsound conditions; of major portions of carcasses condemned, five were on account of tuberculosis, and seven from other conditions. It can be stated therefore that half the unsound meat has been condemned on account of tuberculosis. Condemned carcasses are removed free of cost by the salvage department of the neighbouring County Borough of Middlesbrough.

Those parts of the Public Health (Meat) Regulations which deal with stalls, shops, stores and vehicles have been more difficult to carry out. Meat stalls in the open market have been removed into the covered one. It has not been the practice in the borough to hang meat outside the butchers' shops, but it has not been found practicable to insist on shop windows always being kept closed or on meat being covered. The good sense of the butchers is relied on to keep windows etc. closed in dusty weather.

There is no public slaughter-house in the district: the erection of one has been discussed by you several times but, so far, the difficulties in the way have been found insurmountable.

Private Slaughterhouses in use:

	In 1920.	In January, 1925.	In December, 1925.
Registered	5	5	5
Licensed	2	2	5
Total	7	7	10

(c) Other Foods :—448 lbs. of fruit and vegetables were condemned and surrendered as unfit for food as compared with 838 lbs. in the preceding year. Bakehouses are generally kept in good condition; fried-fish shops also are usually maintained in an exemplary condition of cleanliness.

(d) No cases of food-poisoning in the district have come to my notice.

Prevalence of, and control over, Infectious Diseases.

The following table indicates the prevalence of the most important notifiable infectious diseases (excluding tuberculosis) in recent years :—

	<u>Total Notifications received in period</u>						
	1916-1920.	1921.	1922.	1923.	1924.	1925.	1921-1925.
Scarlet Fever	132	43	17	60	27	24	171
Diphtheria	101	32	4	15	10	5	66
Enteric Fever	12	1	1	0	0	1	3
Smallpox	0	0	0	0	23	13	36

In comparing the earlier five-year period with the later the large increase in population, amounting to about 25%, must be remembered. With this in mind it will be seen that scarlet fever maintains its usual moderate prevalence, diphtheria has diminished by one-half, enteric fever has diminished still more, and the only black spot is that smallpox, after an absence from the district of many years, was epidemic from the late autumn of 1924 on into the spring of 1925.

An important change in procedure with regard to the control of scarlet fever was instituted in 1923. The minimum period of isolation in this disease insisted on by the sanitary department had, up till then, been six weeks. I recommended, however, that cases could be discharged from hospital, or, if treated at home, released from isolation, in not less than four weeks from the date of appearance of the rash, provided convalescence was completed and there was no sore throat, discharge from the ear or nose, suppurating or recently enlarged glands, or eczematous patches. The average stay in hospital of patients in 1922

was 43 days ; in the first half of 1923, 41 days : in the second half of that year, under the altered procedure, 31 days ; in 1924 the average stay was 27 days, and in 1925, 37 days, or, excluding two complicated cases who were each in hospital more than 60 days, 26 days. There were four return cases in the latter half of 1923, associated with the discharge of two patients, after 42 and 47 days isolation respectively, and no return cases in 1924 or 1925. The average stay in hospital has been reduced with safety by some ten days, or 25%. From the point of view of the patient there has been a considerable reduction in the irksome confinement imposed, and, from the point of view of the community, economy both of money and of labour, and a lessening of the long break in education of the child patient and child contacts. No disadvantages have ensued from the change.

Scarlet fever nowadays is mostly, but not always, a mild disease. Occasionally cases are admitted to hospital with profuse discharge from the nose or marked enlargement of the glands of the neck, and general symptoms of serious poisoning by the toxins of the disease. Such cases may end fatally, or recover after a long and hazardous convalescence. Of recent years there has been prepared for use in scarlet fever an antitoxin similar to that which is the sheet-anchor in the treatment of diphtheria, and reports from its use are very satisfactory. It is, however, expensive : a single dose, which is usually all that is required, costs 26/-. I would recommend, in view of the results to be obtained, that a small amount of this antitoxin be kept in store at the Isolation Hospital and replaced after use, which should be confined to hospital cases showing serious toxic symptoms, the antitoxin being administered solely by intramuscular injection. The Council would be more than recouped for the expenditure by the shortened stay of the patient in hospital resulting from his speedier convalescence.

Unlike scarlet fever, diphtheria of recent years does show a sustained decline. This does not deny the possibility of a more or less serious recurrence of the disease in response to the unknown factors favourable to it. Its prevalence in the last five years has been less than half that in the preceding five years, and in 1925 there were only five notified cases. A stock of diphtheria antitoxin, in 4000-unit phials, is maintained at the Council Office and practitioners can be supplied from this at any time : the antitoxin is freely used, both in notified cases and in other cases before diagnosis is established. The supply of concentrated serum in phials of 8000 units was offered, but no requests for it were received. The following table exhibits the number of deaths from this disease and the number of notified cases in this and other districts of the Guisborough Union since 1910 : for purposes of comparison of the fatality of the disease it may be stated that the average fatality over England and Wales is between 6 and 7 deaths to every 100 cases :

Diphtheria : deaths/notified cases, in the districts of the Guisborough Union.

Period of years.	Borough of Redcar.	Guisborough Rural District.	Guisborough Urban District.	Loftus Urban District.	Saltburn Urban District.	Skelton and Brotton Urban District.
1910-1914	20/280	15/83	9/117	6/82	2/8	27/193
1915-1919	17/102	11/72	3/50	1/19	0/10	10/77
1920-1924	10/79	7/68	0/9	0/6	0/11	10/75
1925	1/5	0/1	0/7	0/0	0/0	0/5

Free examination of bacteriological material from suspected cases of diphtheria has been afforded by the Council since 1901. Up till 1924 this was carried out at the Laboratory of the College of Medicine, Newcastle, but, in order to avoid postal delays, from 1924 onwards, swabs have been examined by the medical officer of health. There is no doubt that the value of this examination is appreciated, and the number of swabs submitted for report increases steadily: in 1902 and 1903 there were 120 notified cases of diphtheria in the whole Guisborough Union and 58 swabs were submitted, or about 10 swabs for every 20 cases: in 1908 and 1909, for every 20 cases there were 15 swabs sent in: in 1920 and 1921, 37 swabs for every 20 cases; and in 1924 and 1925, 84 swabs for every 20 cases.

Encephalitis lethargica, or sleepy sickness, was first recognised in the district in 1923, when a typical case was admitted to your Isolation Hospital and finally recovered. That has been the only undoubted case of the disease that has so far come to notice in your area.

With regard to diseases notifiable under the Regulations of the 7th January, 1919, no case of trench fever nor dysentery has been notified to me; 6 cases of malaria were notified in 1919, two in 1920, one in 1921, and none since. All were relapses of war-contracted disease. On the other hand, notifications of pneumonia tend to increase, as is seen in the following table:—

Pneumonia in Redcar.			
	Notified Cases.	Deaths.	Proportion of Notified cases to ten deaths.
1919	23	16	14
1920	45	16	28
1921	21	6	35
1922	25	19	13
1923	41	20	20
1924	58	15	39
1925	42	16	26

The notification of cases of pneumonia is not yet complete enough to warrant any statistical deductions.

Although one has not the precise information regarding the number of cases of measles that one has of the notifiable diseases, there can be little doubt that there has been no diminution of recent years in the prevalence of this disease, nor has there been any lessening of the number of deaths caused by it. The figures for deaths from measles and from whooping-cough are given in this table:—

	Total 1916-1920.	1921.	1922.	1923.	1924.	1925.	Total 1921-1925.
Deaths from Measles	4	0	1	8	1	5	15
Whooping-cough	8	3	5	1	2	1	12

They are easily the most serious of the acute infections attacking children. Deaths in measles—it will be noticed that these totalled 13 in two recent years—are due to pulmonary complications, the onset of which is fostered by overcrowding, unskilled nursing, and possibly

previous improper feeding. Measles is not a disease of the poor alone: it visits almost equally the houses of the well-to-do, but, owing to the handicaps mentioned, it is among the children of the working-class that it is fatal. The majority of the deaths, further, occur in the younger children, under two years of age. With a view of attacking the toll of deaths levied by measles I would recommend that, on the occurrence of an epidemic of the disease, your present Isolation Hospital accommodation be reserved for measles, and that suitable cases be admitted for treatment there, on the recommendation of the general practitioner. Needless to say, all cases could not be taken in, not even all cases in which skilled nursing and healthy surroundings might be desirable, but if the recommendations were limited to the more serious cases under two years of age, where skilled nursing and ample air-space cannot be secured at home, and if these patients are retained in hospital only until the acute period has passed, say for two weeks, I am of opinion that a sufficient number could be dealt with in the present wards to effect a considerable saving of life. Large epidemics of measles usually recur at intervals of two years: one occurred in 1925, so that the next would be due in 1927. I would advise that authority be given now to take action on these lines when an epidemic appears.

The increase in the number of deaths from whooping-cough is in rough proportion to the increase in population. It is almost as fatal as measles and the conditions favouring the mortality are much the same.

Under arrangements made by the County School Medical Officer the head teachers of the elementary schools send intimation, as to absentees in which the cause is believed to be infectious disease, both to the County School Medical Officer and to myself. These intimations furnish practically my sole information as to the prevalence of non-notifiable infectious disease and are highly appreciated. Of recent years school closure for measles, whooping-cough, etc., has been officially discountenanced, and the action of the medical officer of health has been more limited to advice as to the exclusion of individual children and to arranging for the disinfection of pencils and penholders used in common, and the occasional disinfection of school buildings.

The mortality from Influenza has not, in recent years, reached the high level generally attained in 1918 and 1919. It has not, however, been negligible in 1924 and 1925, the death-rate from this cause in each of the eight years from 1918 to 1925 inclusive having been:—1.5, 1.2, 0.1, 0.1, 0.4, 0.2, 1.3, 0.5. The epidemic in 1924 was at its height in March, and deaths were due to pneumonia. It was very widespread and affected all ages.

The arrangements made for the examination of bacteriological specimens in diphtheria have been already detailed, while dealing with that disease. Similar arrangements hold for the examination of sputa for tubercle bacilli. Specimens for Widal test in suspected enteric cases are sent direct to the Armstrong College Laboratory, Newcastle, with whom arrangements have been made by the Council. Reference to the use made of these facilities has been already made, and details for the year 1925 are given in Table 3.

Hospital isolation has been practised chiefly in scarlet fever, but occasional cases of diphtheria and one of encephalitis lethargica have been removed to hospital when scarlet

fever was absent from the district. In cases of the notifiable infectious diseases which are treated at home, isolation as complete as practicable is insisted on. As already mentioned the minimum isolation period in scarlet fever has been reduced to four weeks, and return to school or mingling with other children is not advised until one week after the disinfection that is carried out then. In diphtheria, isolation is carried out until two successive negative swabs have been obtained or until one week after convalescence is quite complete and the throat normal. Neither Schick nor Dick tests have yet been employed. No primary vaccinations nor re-vaccinations in the borough have been performed by the medical officer of health.

Disinfection of premises and articles is carried out by means of formalin spray or formalin lamps. At the Isolation Hospital a roughly air-tight room has been set apart in one of the blocks as a disinfecting room for clothing, blankets, etc., formalin lamps being used. I would recommend the provision there of a small steam disinfector, as being much more certain in its action for bulky articles such as pillows, mattresses, etc. No facilities exist for the cleansing of verminous persons, although assistance has been given in the disinfestation of houses from fleas, lice, etc.

Particulars of notifications received during the year are given in Table 1.

Tuberculosis:—The number of new cases that have come to my knowledge, by notification or otherwise, during 1925, and also the number of deaths from the disease, at different ages, is given in Table 2. The death-rate from tuberculosis in this district has shown no very definite change: in the five years 1904—8 it was 0.94; in 1909—13, 1.07; in 1914—18, 1.07; 1919—23, 0.80; while in 1924 it was 1.08, and in 1925, 0.99. The highest mortality was reached between 1911 and 1914, and it is responsible still for rather less than one-tenth of the total death-rate.

The administrative measures that are employed are:—

(1) As an aid to diagnosis free examination of sputa is offered by the local authority, as already mentioned.

(2) When a case is notified, the premises are visited by the medical officer of health or the sanitary inspector, action is taken in regard to any housing defects or overcrowding discovered, general advice as to admission of fresh-air and prevention of infection are given, and assistance offered through the private medical attendant in bringing the patient into touch with the County Council scheme for treatment:—

(3) Spitting flasks and disinfectant are supplied free.

(4) Disinfection of rooms occupied by the patient is carried out when the patient is removed.

Less advantage is taken of the bacteriological facilities offered in tuberculosis than in diphtheria. A comparison of the yearly numbers of sputum examinations over the whole Union with the new cases in the same area may be made from the figures below:—

Pulmonary Tuberculosis, Guisborough Union :—

	1921.	1922.	1923.	1924.	1925.
No. of sputa examined - - -	72	72	48	73	69
No. of Sputa found positive - - -	14	11	9	20	18
No. of new cases of pulmonary tuberculosis -	60	48	72	80	68
	(notifications)				

The proportion of notified cases, or of cases registered as dying from pulmonary tuberculosis, in which the diagnosis has been confirmed by the finding of tubercle bacilli in the sputum is not more than one in four; in about three out of every four cases sputum is never submitted. Clinical signs of pulmonary tuberculosis may seem obvious without the recourse to sputum examination, which latter again may yield negative results for some time in undoubted cases. But even in straightforward cases laboratory confirmation may be of value: it certainly gives point to advice as to precautions to be taken to guard against infection, and it should be of assistance in the prognosis, or forecast of the progress of the disease. To illustrate this latter point none of the 104 patients whose sputum has been reported during 1924 and 1925 as not containing tubercle bacilli has, so far as I have been able to discover, died, as yet, from this disease. 36 have been reported by myself as containing tubercle bacilli in sputa, and of these patients four have left the district, and nineteen of the remaining thirty-two have died before the middle of May, 1926. In nine of those with positive sputa the report stated that the number of bacilli per microscope field was not more than one in two or more fields: seven of these patients still survive, periods of from 7 to 27 months having elapsed since the sputum examination; two have died, surviving 11 and 18 months respectively after the report, and in the first the tuberculosis was complicated by cancer elsewhere. In eleven cases the report stated the average number of bacilli per field as between 1 and 10; one of these left the district, five of the remainder died, and five still survive. In sixteen cases the number of bacilli was stated as being more than ten per field: three of these left the district, one still survives, after eight months, and twelve died after an average interval of $4\frac{1}{2}$ months. The prognosis can therefore be regarded as good, doubtful, or bad, according to the number of bacilli found in the sputum, and this forecast may itself be of assistance in the treatment of the disease.

I regret to say that notification of cases of tuberculosis is far from complete: the numbers of notifications received from local practitioners and the deaths registered as due to the disease in recent years are as follows:—

	Notifications from local practitioners.	Deaths.
1922	14	9
1923	17	7
1924	24	17
1925	28	16

Tuberculosis, taken in all its forms, is certainly not such a fatal disease that one out of every two cases dies from it: it would be nearer the truth possibly to say that only one in every ten cases of the disease ends fatally. As a confirmation of this view of the inadequacy

of notification, six of the sixteen fatal cases in 1925 died without having been notified to me as suffering from the disease.

Under the Articles of the Public Health (Prevention of Tuberculosis) Regulations 1925, relating to tuberculous employees in the milk trade, no action has yet been found necessary. Also under sec. 62 of the Public Health Act 1925, referring to compulsory removal to hospital of certain tuberculous cases, no action has yet been found necessary.

Maternity and Child Welfare.

Under the Notification of Births Act a high proportion of all the births are notified to me within 36 hours. The information received is transmitted weekly to the County Medical Officer of Health and to the local registrar of births.

Births registered in 1925	-	-	-	-	296
Live births notified in 1925	-	-	-	-	269
Still births notified in 1925	-	-	-	-	10
Total births notified by midwives in 1925	-				205

A voluntary Maternity and Child Welfare Centre has been in existence in the district since the war years and receives an annual subsidy of £50 from the Borough Council. It is open for infants' and mothers' consultations every Thursday in the Institute, Lord Street, from 2-30 to 4 o'clock, a doctor being in attendance. In the current year the services of a dentist have been secured. The attendance of children at the Centre has been well maintained in 1925, the average attendance per session having been 64.

The course of infant mortality in the district is given in the following table :—

Infant Mortality Rate (infant deaths per 1000 births).					
5 years 1899—1903	-	-	-	-	124
5 years 1904—1908	-	-	-	-	108
5 years 1909—1913	-	-	-	-	99
5 years 1914—1918	-	-	-	-	73½
5 years 1919—1923	-	-	-	-	80½
1924	-	-	-	-	75
1925	-	-	-	-	81

The improvement in the health of infants in the last twenty years, as evidenced by the decline in the death-rate, has been very marked, but a large amount of avoidable mortality, and still more of avoidable ill-health, yet remains, since a death rate of one-half of what is being experienced in the borough is possible, and is being, in more fortunate districts, experienced.

In the summer months numbers of day-visitors come to Redcar with their children, and, for the use of these, a voluntary Baby's Shelter was erected and opened in 1925, through the initiative of the then Mayoress, Mrs. B. O. Davies. The premises, conveniently situated on

the sea front, are well equipped with cots, hot water can be supplied, and a nurse is in attendance.

Maternal mortality from sepsis (puerperal fever) in the eight years 1918—1925 has averaged 1.94 maternal deaths per thousand births, as compared with a figure of 1.54 throughout England and Wales in the seven years 1918—1924. For the same periods maternal mortality from other causes than sepsis has been in your district 5.05, and in the whole country 2.23. One is forced to the regrettable conclusion therefore that child-birth is a much riskier business for the Redcar mother than for the more fortunate mother elsewhere, since in every thousand confinements here seven mothers lose their lives as compared with little more than half that rate of deaths in the country as a whole. The number of deaths per year is only small, but still deserving of note, since death at such a time is the most to be deplored. In the years from 1918 to 1925 four cases of puerperal sepsis were notified, while the deaths registered as due to this condition numbered five.

Opthalmia neonatorum is an inflammation of the eyes occurring in new-born babies, which sometimes leads to an opacity of what should be the transparent front of the eye. Three cases of this disease were notified in 1925, but recovered under treatment at home, without impairment of sight. In the last seven years the annual number has varied between none and three. These cases are visited to ensure that efficient nursing attention is being paid to the young patient, and information is obtained at the request of the County Medical Officer of Health as to the attendance at the confinement.

Recommendations :

I would index briefly the recommendations made in the body of this report :

- (1) Improvement in the method of Refuse Disposal ; page 8.
- (2) Action in regard to Vans and Huts on land at the foot of Smith Street ; page 9,
- (3) Provision of Antitoxin for use in severe hospital cases of scarlet fever ; page 14.
- (4) Isolation Hospital treatment for certain cases of measles ; page 16.
- (5) Provision of Steam Disinfector ; page 17.

I have the honour to be,

Madam and Gentlemen,

Your obedient servant,

21st May, 1926.

C. R. GIBSON.

ANNUAL REPORT

FOR THE YEAR 1925,

BY

W. TUTIN, A.R.S.I., M.I.C.S., M.S.I.A., M.I.H.,
CERT. CERT.

Cert. Meat and Food Inspector,
(R.S.I.)

Chief Sanitary Inspector.



Report of the Chief Sanitary Inspector and Cleansing Superintendent.

To the Mayor, Aldermen and Councillors of the Borough of Redcar.

MR. MAYOR, MADAM, AND GENTLEMEN,

I have pleasure in submitting my third annual report, shewing the work of the Sanitary Department for the year ending 1925. This report is based on the lines of Circular 269 of the Ministry of Health, which calls for annual reports of a simple character, and a more detailed report (called Survey report) at intervals of not more than five years. The following is a Survey report.

Staff.—In the year 1920, the office of Surveyor and Inspector of Nuisances was divided. Mr. Howcroft retained the post of Surveyor, and Mr. White was appointed Inspector of Nuisances. During the year 1923 both the above officials left your service, and I had the honour to be appointed as your Sanitary Inspector. Owing to the extraordinary increase in my duties, due to the Borough extensions and additional Acts and Regulations, it was found necessary to appoint an additional Inspector, and Mr. Milligan was appointed by you to fulfil the post.

Inspection.

The total number of inspections was	-	-	10,229
„ „ „ „ re-inspections was	-	-	1,560
„ „ „ „ nuisances found was	-	-	1,345
„ „ „ „ nuisances abated was	-	-	1,274
„ „ „ „ Informal Notices and letters was	-	-	1,262
„ „ „ „ Statutory Notices was	-	-	9
„ „ „ „ Informal Notices complied with was	-	-	1,254
„ „ „ „ Statutory Notices complied with was	-	-	8
„ „ „ „ Informal Notices outstanding was	-	-	8
„ „ „ „ Statutory Notices outstanding was	-	-	1

Sanitary Work and Improvements.

Dilapidated dustbins	-	-	272
Choked drains	-	-	91
Untrapped waste pipes	-	-	68
Choked gully traps	-	-	116
Defective flushing apparatus	-	-	82
Defective and choked eaves spouting	-	-	61
Defective and choked rain water conductors	-	-	59
Accumulations of refuse	-	-	43
Flooding of premises	-	-	14

Dirty premises	-	-	-	12
Leaky roofs	-	-	-	42
Defective set pot	-	-	-	3
Insufficient drainage	-	-	-	41
Defective drainage	-	-	-	147
Dirty courtyards	-	-	-	4
Defective surface of courtyards	-	-	-	4
Keeping of poultry and pigeons	-	-	-	17
Insufficient manure receptacle	-	-	-	4
Overcrowded dwellinghouses	-	-	-	6
Defective fire-places	-	-	-	12
Defective windows	-	-	-	5
Ashpits	-	-	-	4
Choked sewers	-	-	-	14
Premises infested with rats	-	-	-	64
Premises infested with bugs	-	-	-	4
Smoke nuisances	-	-	-	2
Dilapidated premises	-	-	-	14
Fouling of public road	-	-	-	4
Broken plaster work	-	-	-	16
Limewashing slaughterhouses	-	-	-	5
Failure to exhibit notice on slaughterhouse	-	-	-	10
Offensive smells	-	-	-	23
Defective w.-c. basins	-	-	-	28
Insufficient sanitary conveniences	-	-	-	6
Defective ventilation of premises	-	-	-	8
Choked rain water conductor	-	-	-	21
Dampness in dwellinghouses	-	-	-	12
Defective condition of pan-closet	-	-	-	2
Insanitary condition of sink	-	-	-	2

Of these 83 were attended to by this Department.

Factories and Workshops.

No. of inspections of Factories and Workshops	88
„ „ nuisances found	28
„ „ nuisances abated	28
„ „ complaints from H.M. Inspector	4

The following is a list of the Factories and Workshops known to me :—

Bakers	-	9
Boot Repairers	-	7
Dressmakers	-	7
Carpenters and Joiners	-	6

Motor Repair Works	-	5
Tailors	-	5
Milliners	-	4
Upholsterers	-	4
Photographers	-	4
Blacksmiths	-	3
Cabinet Makers	-	3
Printers	-	3
Plumbers	-	4
Firewood Merchants	-	2
Blast Furnaces	-	2
Aerated Water Manufacturers		1
Sausage Factories	-	3
Electrical Engineers	-	2
Painters and Paperhangers		4
Saddlers	-	1
Gas and Chemical Works		1
Iron Mills	-	1
Tar Macadam Works	-	1
Brick Works	-	1

All the factories and workshops within the Borough known to me were inspected from time to time, and with very few exceptions, speaking generally, they were found to be in order and well kept.

Inspection and Disinfection.—During the latter end of 1924 and the early part of 1925, we had an outbreak of smallpox. This entailed much extra work in the way of removing patients to hospital and visiting the contacts daily during the incubation period. All the infected houses were disinfected by stripping the paper off the walls and by fumigating after spraying with formaldehyde gas.

Number of infected houses inspected	-	-	69
Number of infected houses disinfected	-	-	51
Number of schools disinfected	-	-	6
Number of classrooms disinfected	-	-	32

During the year the much needed new Isolation Hospital was opened, although there is no provision for nursing cases of diphtheria. The new hospital is a great improvement on the old dilapidated building which was in use previously. As infected clothing is only disinfected by fumigation, I would suggest that a steam disinfecting machine be purchased for use at the hospital.

Offensive Trades.—During the five years under review, the business of fish frying has been scheduled as an offensive trade. Three applications were received during 1925 for permission to establish fish frying businesses, one application only being granted. There are in the Borough the following offensive trades.

Fish frying	-	-	14
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Tripe dressing	-	-	1
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The number of inspections made to these premises was	39
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The number of faults discovered and dealt with was	7
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Bakehouses.

Number of bakehouses on the register is	-	-	-	17
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Number of notifications from H. M. Inspector was	-	2
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Number of notifications dealt with was	-	-	-	2
--	---	---	---	---

Number of inspections to bakehouses was	-	-	29
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Number of faults found and remedied	-	-	-	14
-------------------------------------	---	---	---	----

Four additional bakehouses have been added during the year. Speaking generally all the bakehouses are kept in good order.

Slaughterhouses.

Number of private slaughterhouses on register	-	10
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Number of registered slaughterhouses on register	5
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Number of licensed slaughterhouses on register	-	5
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Number of inspections of slaughterhouses	-	642
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Number of defects discovered and dealt with	-	31
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I wish to point out that three additional licences have been granted during 1925. One slaughterhouse is used by three different butchers and another by two butchers.

I can only repeat what I said in my last report, that private slaughterhouses are a thing of the past, and they have had their day. Many of our slaughterhouses abut on to the public streets, and are in congested areas. There is only one solution to this question, and that is the provision of a modern abattoir in a suitable position, where all slaughtering could take place under supervision.

Throughout the year slaughterhouses have been regularly visited, and they have been maintained in a clean condition.

Markets.—The markets have been periodically inspected on market days, for the purpose of detection of unsound meat and other foods.

Dairies, Cowsheds, and Milkshops.

On the register :

Cowkeepers	-	-	-	14
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Purveyors	-	-	-	31
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Milkshops	-	-	-	22
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These premises have been regularly inspected throughout the year. On inspection the premises were found to be in good order, and, generally speaking, well kept. The average class of cows kept was fair, and at all dates of inspection they had a healthy appearance.

During the year eight special samples of milk were taken for the detection of tuberculosis bacillæ. All the samples were proved to be satisfactory.

During the year one cowkeeper and two purveyors were added to the register, and one purveyor was taken off.

Meat and Food Inspection.—The inspection of the town's food supply occupies a large amount of my time and attention. It is very difficult in a town like Redcar to guarantee adequate inspection, owing to the fact that we have no less than ten private slaughterhouses in different parts of the town, and to the large amount of killing taking place between the hours of 7 and 10 p.m. three days each week. It is absolutely necessary to be in attendance during these slaughtering times, as the proper time to inspect a carcase thoroughly is at the time of slaughter when all the organs are available for examination. Very often diseased conditions are found in the organs when no apparent diseased conditions appear on the carcase itself. In such cases where organs are found to be diseased, the carcase is thoroughly inspected and the lymphatic glands examined, and on many occasions condemnation has resulted from these inspections. I wish it to be understood that bovine animals and swine are prone to disease, some of which are communicable to man, and others which are not, but which so change the characteristics of the meat so as to render it unfit for human consumption. Inspection is carried out with the sole object in view of preventing such meat being exposed for sale in the town.

The Meat Regulations of 1924 came into operation on April 1st, 1925, and you appointed me as the officer to carry out these regulations. I therefore held a meeting with all the butchers and others interested, when I explained to them in detail the said regulations. One prosecution has taken place for slaughtering without giving notice, the defendant having to pay costs. These regulations have done much towards the limiting of the hours of slaughter, but when there are two or three butchers using the same slaughterhouse, I find it is practically impossible to detain the carcase for the prescribed time after slaughter, therefore proving more than ever that a Public Abattoir is essential. I might also say that in my opinion slaughtering on Sundays should be prohibited. During the nine months in which the meat regulations have been in force, I might say I have had to go out inspecting on no less than 21 Sundays.

The total weight of meat condemned during the year was - - 3991 lbs.

The total weight of fruit and vegetables condemned during the year was 448 lbs.

The diseases which were found and which were the cause of condemnation were:—Tuberculosis, inflammation, abscesses, various parasitic diseases and unsoundness. No legal proceedings were found necessary as all the diseased articles were surrendered voluntarily.

Public Lavatories.—There are eight lavatories within the Borough, four are combined, while four are only urinals as undermentioned.

Situation.	W.Cs.		Urinal Stalls.
	Gent's.	Ladies'	
Promenade Bandstand	6	10	12
Warrenby -	—	—	2
Coatham Road -	—	—	3
Corner of Moore Street	—	—	8
Zetland Park -	4	6	5
Cemetery -	1	1	—
Borough Park -	1	1	—
Milbank Terrace -	—	—	6
Total	12	18	36

Although during the past five years additional accommodation has been provided for public use, the accommodation is still inadequate during the summer season. I understand plans are in the course of preparation for the provision of additional accommodation.

The existing conveniences are cleaned daily throughout the year, including Sundays.

General.—During the five years under review, the following works with a view to benefiting public health were carried out. New shelters have been opened which afford accommodation for many people during the wet weather. Next, steps were taken to cater for a more full and wholesome water supply for the Borough. Electricity was introduced for the first time into the Borough.

Two new Parks have been opened at the east end of the town.

The whole drainage system which for many years was a subject for anxiety, has been overhauled, and a scheme dealing with every section of our area has been practically completed.

We can claim the whole of the borough is now on the water carriage system, and we have opened a new Infectious Disease Hospital. The provision of houses at a cheap rate has been regarded as a special task and during the past five years 843 dwellings have been completed, all of which are being sold to the occupiers on terms which they will find not too onerous.

The system of disposing refuse on three tips has been abolished and only one tip is now in use.

New Byelaws have been approved for tents, vans, and sheds and similar structures, also for houses let in lodgings.

In conclusion I wish to thank the Chairman and Vice-Chairman and members of the Sanitary Committee for their kindness and assistance throughout the year.

I am, Madam and Gentlemen,

Your obedient Servant,

W. TUTIN,

Chief Sanitary Inspector.

1. Notifiable Diseases during the Year 1925.

Disease.	Total Cases notified.	Cases admitted in Hospital.	Total Deaths.
Smallpox ...	13	13	—
Diphtheria ...	5	—	1
Scarlet Fever ...	24	11	—
Enteric Fever (including Paratyphoid) ...	1	—	1
Puerperal Fever ...	1	—	1
Pneumonia ...	42	—	16
Other diseases generally notifiable :—			
Enceph. Lethargica	1	—	1
Erysipelas ...	10	—	—
Ophthalmia Neonatorum ...	3	—	—
Acute Antr. Poliomyelitis ...	1	—	1
Other diseases notifiable locally :—			
Chickenpox ...	90	—	—

2. TUBERCULOSIS.

Age-Periods.	New Cases.						Deaths.			
	Pulmonary.			Non-Pulmonary.			Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—	1	—
1—4 years	1	—	2	—	—	—	1	—	—	—
5—9 years	—	1	3	1	—	—	—	—	—	—
10—14 years	1	1	1	1	—	—	—	1	—	—
15—19 years	—	2	—	1	—	—	—	1	—	—
20—24 years	—	1	—	—	—	—	—	1	—	—
25—34 years	2	3	—	1	—	—	1	—	—	—
35—44 years	2	7	—	2	—	—	2	5	—	1
45—54 years	1	—	—	—	—	—	1	—	—	—
55—64 years	—	1	—	—	—	—	1	—	—	—
65 years and upwards	—	—	—	—	—	—	—	—	—	—
All ages	7	16	6	6	6	6	6	8	1	1

Six of the fatal cases unnotified.

3. LABORATORY WORK, ETC.

	Borough of Redcar.	Guisborough Rural District.	Guisborough Urban District.	Loftus Urban District.	Saltburn- by-the-Sea Urban District.	Skelton and Brotton Urban District.	Total.
Sputa examined for Tubercle bacilli	31	7	7	9	6	9	69
Sputa found positive	10	3	2	1	1	1	18
Swabs from Diphtheria suspects examined	19	10	12	2	2	9	54
Swabs from Diphtheria suspects found positive	4	1	6	0	0	3	14
Swabs from Diphtheria convalescents examined	2 (0 positive)	6 (3 positive)	9 (3 positive)	0	0	9 (3 positive)	26
Swabs from Diphtheria contacts	—	—	—	—	—	—	—
Blood examined for Enteric Fever (Widal Test)	2 (negative)	2 (negative)	1 (negative)	—	—	1 (negative)	6 (negative)
Examination of Milk for Tubercle Bacilli	10 (all neg.)	—	—	—	—	—	10 (negative)
Other examinations	—	2	1	—	—	2	5
Diphtheria Antitoxin issued by Local Authority	Yes	Yes	Yes	Yes	Yes	Yes	

4. ADOPTIVE ACTS, BYELAWS AND REGULATIONS

in force in the Districts.

	Borough of Redcar.	Guisborough Rural District.	Guisborough Urban District.	Loftus Urban District.	Saltburn- by-the-Sea Urban District.	Skelton and Brotton Urban District.
A. ADOPTIVE ACTS.						
Infectious Diseases (Prevention) Act, 1890	Adopted 1921	—	—	Adopted 1891	Adopted 1891	—
Public Health Acts (Amendment) Act, 1890, Part III ...	Adopted 1891	Adopted 1896	Adopted 1893	Adopted 1891	Adopted 1891	Adopted 1896
Public Health Acts (Amendment) Act, 1907, Chief Sanitary Sections ...	Adopted 1908	—	Adopted 1912	Adopted 1908	Adopted 1908	Adopted 1912
B. BYELAWS.						
New Streets and Buildings ...	1921	1925	1925	1925	1923	1925
Cleansing of Footways, Removal of House Refuse, Cleansing of Privies, etc. ...	1893	1901	1893	1879	—	1879
Nuisances ...	1893	—	1893	1879	1882	1879
Common Lodging Houses ...	1893	1878	1893	1879	1882	1879
Slaughter-houses ...	1893	1901	1893	1879	1882	1879
Tents, Vans and Sheds ...	1924	1914	1917	—	1911	—
Offensive Trades ...	1922	—	—	—	—	—
Houses let in lodgings ...	1925	—	—	—	—	—
C. REGULATIONS.						
Dairies, Cowsheds and Milkshops ...	1895	—	1900	1900	1900	1906
Removal to Hospital of Persons brought within the District by any ship or boat	—	—	—	1909	—	—

5. ABSTRACT OF THE WORK OF THE SANITARY DEPARTMENT.

	Number dealt with.	Informal Notices.	Statutory Notices.	Result.	Remarks.
Nuisances ...	1345	1262	9	Compliance except for 8 outstanding	—
Slaughter-houses ...	10	31	0	Compliance	—
Dairies and Cowsheds ...	67	12	0	Compliance	New Licences: Retail 2, Wholesale 1. Licences withdrawn: Retail 1, Wholesale 0.
Bakehouses ...	17	14	0	Compliance	—
Factories and Workshops (other than Bakehouses) ...	74	28	0	Compliance	Four insufficient sanitary accommodation.
Tents, Vans and Sheds ...	Several	11	1	Compliance	—
Music Halls, Cinemas, etc. ...	4	2	0	—	—
Premises Disinfected ...	57	0	0	—	—

6. PUBLIC HEALTH STAFF.

	Borough of Redcar.	Guisborough Rural District.	Guisborough Urban District.	Loftus Urban District.	Saltburn-by-the-Sea Urban District.	Skelton & Brotton Urban District.
A. WHOLE-TIME OFFICERS.						
Medical Officer of Health ...						
Sanitary Inspectors ...	Mr. W. Tutin Mr. R. Milligan from July 21	Mr. G. W. Shipley*	Mr. R. H. Kilburn*	Mr. P. H. Audsley*	Mr. T. Young*	Mr. A. R. Craumer* until March 31 Mr. A. Cummings from April 1
B. PART-TIME OFFICERS.						
Medical Officers to Maternity and Child Welfare Centres	—	—	Dr. Bland Dr. Stain-thorpe	Dr. Stephen	—	Dr. Botham Dr. Caldwell Dr. Howe

* Also Surveyor for the district concerned.

7. HOUSING.

	Borough of Redcar.	Guisborough Rural District.	Guisborough Urban District.	Loftus Urban District.	Saltburn Urban District.	Skelton & Brotton Urban District.
New Houses erected in 1925						
{ Total ...	381	15	2	1	66	0
{ With Subsidy ...	115	13	2	0	66	3 Temporary Buildings 0
{ Without Subsidy ...	50	2	1	1	0	0
{ Under District Council Scheme ...	216	0	0	0	19	0
Houses inspected under Public Health or Housing Acts ...	33	0	27	21	6	232
Houses inspected under Housing Regu- lations ...	27	0	9	3	6	232
Houses found unfit for habitation ...	10	0	0	0	0	0
Houses found requiring repair ...	50	0	9	8	6	190
Houses repaired in consequence of informal notices ...	50	0	7	5	3	121
Proceedings under Sec. 3 of the Housing Act 1925						
(1) Houses respecting which formal notices were served ...	0	0	2	3	3	10
(2) Houses rendered fit by Owners ...	0	0	2	3	3	4
(3) Houses rendered fit by L. A. ...	0	0	0	0	0	3
(4) Houses voluntarily closed by Owners	0	0	0	0	0	0
Proceedings under Public Health Acts :						
(1) Houses respecting which formal notices were served ...	0	0	0	0	6	5
(2) Houses repaired by Owners ...	0	0	0	0	6	4
(3) Houses repaired by L. A. ...	0	0	0	0	0	0
Proceedings under Secs. 11, 14, 15 of the Housing Act 1925						
Closing Order made ...	10	0	0	0	0	0
Other action ...	0	0	0	0	0	0

8. COMPARATIVE SUMMARY OF VITAL STATISTICS.

	Skelton & Brotton Urban District.	Loftus Urban District.	Guisborough Urban District.	Guisborough Rural District.	Borough of Redcar.	Saltburn-by-the-Sea Urban District.	England and Wales.
Percentage of houses in 1921 with fewer than six rooms ...	87	86	84	75	69	35	(70)
Birth-rate { 1925 ... 1924 ...	18·7 20·6	17·7 19·9	21·0 20·9	18·7 20·0	17·2 19·1	12·0 11·7	18·3 18·8
Death-rate { 1925 ... 1924 ...	10·4 11·9	10·4 9·2	14·2 14·6	11·9 13·9	11·2 12·0	13·1 11·7	12·2 12·2
Infant Mortality Rate { 1925 ... 1924 ...	50½ 77	66½ 43	82 68	110 132½	81 75	43½ 66½	75 75

Comparisons between localities are open to many fallacies: differences in social composition (such as are indicated in the first row of the table) must be taken into consideration; further, before comparing birth-rates a knowledge of the relative proportion of young married women in the districts is necessary, or before comparing death-rates, information as to the relative numbers of people at ages when death is less avoidable.

